

PTO/SB/22 (09-06)

Approved for use through 03/31/2007, OMB 0651-0031  
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|--|--|--------------------------------|--|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>                              |  | Docket Number (Optional)       |  |
| <b>FY 2006</b>   |  | PB 01 0035                     |  |
| <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small> |  |                                |  |
| Application Number <b>10/737,392</b>   |  | Filed <b>December 16, 2003</b> |  |
| For <b>Methods and Apparatus for Testing Optical and Electrical Components</b>           |  |                                |  |
| Art Unit <b>2829</b>   |  | Examiner <b>Tung X. Nguyen</b> |  |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|   | <u>Fee</u> | <u>Small Entity Fee</u> |                  |
|---|------------|-------------------------|------------------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120      | \$60                    | \$ <u>120.00</u> |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))           | \$450      | \$225                   | \$ _____         |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))         | \$1020     | \$510                   | \$ _____         |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))          | \$1590     | \$795                   | \$ _____         |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))          | \$2160     | \$1080                  | \$ _____         |

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 500654. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 52,611

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

Cheryl M. Fernandez

Signature

Cheryl M. Fernandez

Typed or printed name

February 12, 2007

Date

630-798-3019

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

02/13/2007 HDESTA# 00000081 500654 10737392  
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